

**Louisiana Department of Insurance**

Tax Division

P.O. Box 94214

Baton Rouge, LA 70804-9214

Phone (225) 342-5825 Fax (225) 342-9708

<http://www.lidi.state.la.us>

Form 1061

2004 Annual Premium

Tax Statement

Due March 1, 2005

Company Name					
Address					
Box or Suite					
City, State Zip					
Contact Person				E-Mail Address	
Phone		Fax		Domicile State	
Federal ID		NAIC Number		LDI Number	

**SEE INSTRUCTIONS ON PAGE 6**

<b>Item A: Fire, Marine, Transportation, Casualty, Surety, Title and Miscellaneous Premium Tax Calculation (L.R.S.22§1065)</b>					
1. Net Taxable Premiums. [from (Schedule A, Line B)]					
2. Gross Tax Calculation. [from Table 1062A-LA&H]					
3. Investment Credit Allowed under L.R.S. 22§1068. [(Schedule D, Line 4) x Line 2]					
4. Investment Credit under provisions of L.R.S. 22§1068(E)					
5. Louisiana Insurance Guaranty Association Assessment Credit. [from (Schedule E, Line C)]					
6. Net Tax: [Line 2 - (Line 3 + Line 4 + Line 5)]; If less than zero, enter -0-.					
<b>Item B: Life, Accident and Health Premium Tax Calculation (L.R.S. 22§1062)</b>					
1. Net Taxable Premiums. [from (Schedule B, Line B)]					
2. Gross Tax Calculation. [from Table 1065A-P&C]					
3. Investment Credit Allowed under L.R.S. 22§1068. [(Schedule D, Line 4) x L2]					
4. Investment Credit under provisions of L.R.S. 22§1068(E).					
5. Louisiana Life and Health Insurance Guaranty Association Credit. [from (Schedule F, Line A)]					
6. Net Tax: [Line 2 - (Line 3 + Line 4 + Line 5)]; If less than zero, enter -0-.					
<b>Item C: Fire Tax (L.R.S 22§1077, 1583, and 1080)</b>					
1. Taxable Premiums Allocated to Fire Tax. [from (Schedule A, Line A, Column 3)]					
2. Fire Marshal Tax. [from (Schedule A, Line C)]					
3. Fire Department Tax. [from (Schedule A, Line D)]					
4. Firemen Training Tax. [from (Schedule A, Line E)]					
5. Fire Tax Total: [Line 2 + Line 3 + Line 4]					
<b>Item D: Retaliatory Tax (L.R.S. 22§1079)</b>					
1. Retaliatory Tax [from (Schedule C, Line A)]					
<b>Item E: Summary of Taxes Due or Overpayment</b>					
1. Total Tax [Item A + Item B + Item C + Item D]					
2. Total Quarterly Prepayments					
3. Carryforward from previous tax years					
4. Penalty as provided by L.R.S. 22§1072					
5. Tax and Penalty Due or Overpayment: [Line 1 - Line 2 - Line 3 + Line 4]					
Attach a separate payment for each of the following items payable to the Commissioner of Insurance, State of Louisiana, and record the amount in the space provided below. The annual filing fee is \$100 or \$250 for HMOs.					
Tax and Penalty Due					
Filing Fee					
Payment method (check one): <input type="checkbox"/> Check <input type="checkbox"/> ACH Credit <input type="checkbox"/> Not Applicable					

NAIC NUMBER:	COMPANY NAME:
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**Schedule A: Itemization of Fire, Marine, Transportation, Casualty, Surety, and Miscellaneous Premiums (L.R.S. 22§1065)**

Annual Premium Computation. The annual premium referred to in this part shall be the gross amount of direct premiums, excluding premiums on annuity contracts, for the preceding year, less return premiums without any deductions for dividends paid or otherwise credited to policyholders, and without consideration for reinsurance (L.R.S. 22§1066).

Premiums Written During 2004 - Total below must be equal to premium reported on the Annual Statement (A.S.) Schedule T and State Page for a Property and Casualty company.

		Col. 1	Col. 2	Col. 3
Property and Casualty		Premium	Fire %	Fire Premiums (Col. 1 x Col. 2)
1	Fire	20 / 1	100%	
2	Allied Lines	20 / 2.1		
3	Multiple Peril Crop	20 / 2.2		
4	Federal Flood	20 / 2.3		
5	Farmowners Multiple Peril	20 / 3	45%	
6	Homeowners Multiple Peril	20 / 4	45%	
7	Commercial Multiple Peril (F&A)	20 / 5.1	45%	
8	Commercial Multiple Peril (Liability)	20 / 5.2	45%	
9	Mortgage Guaranty	20 / 6		
10	Ocean Marine	20 / 8		
11	Inland Marine	20 / 9		
12	Financial Guaranty	20 / 10		
13	Medical Malpractice	20 / 11		
14	Earthquake	20 / 12		
15	Workers' Compensation	20 / 16		
16	Other Liability	20 / 17		
17	Products Liability	20 / 18		
18	Private Passenger Auto No-Fault (Personal Injury Protection)	20 / 19.1		
19	Other Private Passenger Auto Liability	20 / 19.2		
20	Commercial Auto No-Fault (Personal Injury Protection)	20 / 19.3		
21	Other Commercial Auto Liability	20 / 19.4		
22	Private Passenger Auto Physical Damage (Including Vehicle Fire)	20 / 21.1	5%	
23	Commercial Auto Physical Damage (Including Vehicle Fire)	20 / 21.2	5%	
24	Aircraft (All Perils)	20 / 22		
25	Fidelity	20 / 23		
26	Surety	20 / 24		
27	Burglary and Theft	20 / 26		
28	Boiler and Machinery	20 / 27		
29	Credit	20 / 28		
30	Title	N/A		
31	Aggregate Write-Ins for Other Lines of Business	20 / 33		
32	Finance and Service Charges (Allocated to Fire and Casualty)	20 / (a)		
A. Total Gross Premiums				

Premiums Exempted from State Tax - Cite statute, court decision or other legal basis allowing the exemption. An invalid reason will be taxed and may be penalized - In the spaces provided below, identify the line number listed above, the reason allowing the exemption, and the exempted premium amount.

Line	Reason for exempting premium:	Premium Amount

Total Exempted Premium

B. Net Taxable Premiums

C. Fire Marshal Tax [.0125 x (Line A, Col. 3)] L.R.S. 22§1077

D. Fire Department Tax [.0200 x (Line A, Col. 3)] L.R.S. 22§1583

E. Firemen Training Tax [.0025 x (Line A, Col. 3)] L.R.S. 22§1080

NAIC NUMBER:	COMPANY NAME:
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**Schedule B: Itemization of Life, Accident & Health Premiums and Tax Calculation (L.R.S. 22§1062)**

Annual Premium Computation. The annual premium referred to in this part shall be the gross amount of direct premiums, excluding premiums on annuity contracts, for the preceding year, less return premiums without any deductions for dividends paid or otherwise credited to policyholders, and without consideration for reinsurance (L.R.S. 22§1066).

Premiums Written During 2004 - Total below must be equal to premium reported on the Annual Statement (A.S) Schedule T and State Page for Life, Accident & Health, or State Page of Property and Casualty, or Schedule T and Underwriting and Investment Exhibit, Part 1 -- Premiums for HMOs.

Accident and Health / HMO		2004 A.S. Page / Line	2004 A.S. Page / Line	Premium
1	Group	20 / 13	25 / 24	
2	Federal Employees Health Benefits Program	20 / 15.7	25 / 24.1	
3	Credit (Group and Individual)	20 / 14	25 / 24.2	
4	Collectively Renewable Policies	20 / 15.1	25 / 24.3	
5	Individual Non-Cancelable	20 / 15.2	25 / 25.1	
6	Individual Guaranteed Renewable	20 / 15.3	25 / 25.2	
7	Individual Non-Renewable for Stated Reasons Only	20 / 15.4	25 / 25.3	
8	Individual Other (Accident Only)	20 / 15.5	25 / 25.4	
9	Individual All Other	20 / 15.6	25 / 25.5	
10	Finance and Service Changes (Not Included Above)	20 / (a)	N/A	

Life Insurance				
11	Ordinary	N/A	25 / 1 Col 1	
12	Credit Life (Group and Individual)	N/A	25 / 1 Col 2	
13	Group	N/A	25 / 1 Col 3	
14	Industrial	N/A	25 / 1 Col 4	

Service Insurance				
15	Applies to Domestic Service Insurers Only	N/A	N/A	

A. Total Gross Premiums

Premiums Exempted from State Tax - Cite statute, court decision or other legal basis allowing the exemption. An invalid reason will be taxed and may be penalized - In the spaces provided below, identify the line number listed above, the reason allowing the exemption, and the exempted premium amount.

Line	Reason for exempting premium:	Premium Amount

Total Exempted Premium

B. Net Taxable Premiums

NAIC NUMBER:	COMPANY NAME:
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Schedule C: Schedule of Retaliatory Tax Calculation - Foreign Companies Must Complete - (L.R.S. 22§1079)		
Do not include Agents' Fees, which are calculated and billed separately by the Producer License Division.		
Part 1: Premium Taxes and Fees Paid by your Company in Louisiana	Premiums	Taxes and Fees
Premiums and Gross Tax for Life, Accident and Health.		
Premiums and Gross Tax for Fire, Marine, Transportation, Casualty, Surety, Title and Miscellaneous.		
Premiums and Tax subject to Fire Marshal Tax, Fire Department Tax and Fireman Training Tax.		
Premiums and Tax subject to Municipal Tax. Premium and Tax must agree with Municipal Tax Statement Form 1076.		
2004 Louisiana Insurance Fraud Assessment on 2003 business. Premium basis and assessment under Act 1312 of 1999. (L.R.S. 40§1428)		
2004 Louisiana Insurance Rating Commission assessment on 2003 business.		
2004 Louisiana HIPAA assessment on 2003 business. Premium basis and assessment under Act 1138 of 1997. (L.R.S. 22:250.20)		
Filing Fee for Annual Statement.		\$100.00
Total Taxes and Fees payable to the State of Louisiana before any credits		
Part 2: Part 2: Premium Taxes and Fees which a Louisiana Company would have Paid in your State with Identical Part 1 Premium Base	Premiums	Taxes and Fees
Premiums and Gross Tax for Life, Accident and Health. (identify and include deductions if allowed under the Statutes of Domiciliary State of Reporting Company)		
Comment:		
Premiums and Gross Tax for Fire, Marine, Transportation, Casualty, Surety, Title and Miscellaneous.		
Comment:		
Premiums and Tax subject to Fire Marshal Tax, Fire Department Tax and Fireman Training Tax.		
Comment:		
Premiums and Tax subject to Municipal Tax.		
Comment:		
Filing Fee for Annual Statement and Certificate of Authority.		
Comment:		
Other Premiums and Taxes		
Comment:		
Other Fees		
Comment:		
Total Taxes and Fees due from a Louisiana Company in your State before any credits.		
A. Retaliatory Tax Due. (Part 2 - Part 1); if less than zero enter -0-.		

NAIC NUMBER:	COMPANY NAME:
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Schedule D: Schedule of Investment Tax Credit (L.R.S. 22§1068)					
L.R.S. 22§1068 provides that any admitted insurer investing in qualifying Louisiana securities listed in that section may take a reduction in premium taxes as listed in Table 1 below.					
Classification					Amount
1068C (a) CDs					
1068C (b) Bonds					
1068C (c) Mortgages					
1068C (d) Real Property					
1068C (e) Policy Loans					
1068C (f) Stocks					
1068C (g) Cash					
1. Total Admitted Assets Invested in Qualifying Louisiana Securities.					
2. Total Admitted Assets as of December 31, 2004.					
3. Louisiana to Total Assets Ratio [Line 1 ÷ Line 2]. (round to 4 decimal places)					
4. Tax Reduction Percentage taken from Table 1 Row B (below).					
Table 1	Row A Louisiana to Total Assets Ratio	.1666 - .1999	.2000 - .2499	.2500 - .3332	.3333 - 1.0000
	Row B Tax Reduction Percentage Allowed	66.67%	75.00%	85.00%	95.00%

Schedule E: Louisiana Insurance Guaranty Association Credit Schedule (Title 22 Part XXIX-A)				
Assessment Year	Assessment Number	Assessment Amount	Percentage	Amount of Credit
1995			10%	
1996			10%	
1997			10%	
1998			10%	
1999			10%	
2000			10%	
2001			10%	
2002			10%	
2003			10%	
2004			10%	
Credits transferred to or from affiliates per L.R.S. 22:1382 (Prior Commissioner Approval Required)				
A. Total Credits				
B. Amount offset against L.I.R.C assessment <sup>1</sup> .				
C. Total LIGA Credit Available (Line A - Line B)				
<sup>1</sup> Complete Line B if your company qualified for an Investment Tax Credit per Schedule D and took an offset against the Louisiana Insurance Rating Commission (L.I.R.C.) Assessment per L.R.S. 22§1382(3).				

Schedule F: Louisiana Life and Health Insurance Guaranty Association Credit Schedule (Title 22 Part XXIX-B)			
Assessment Year	Assessment Amount	Percentage	Amount of Credit
1999		20%	
2000		20%	
2001		20%	
2002		20%	
2003		20%	
A. Total LLHIGA Credit Available			

NAIC NUMBER:	COMPANY NAME:
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### Affidavit

State of \_\_\_\_\_ ☐ Parish or ☐ County of \_\_\_\_\_

\_\_\_\_\_, Authorized Company Officer, of (Company)

\_\_\_\_\_, being duly sworn, is the above described

officer of the said company, and that the statement filed herewith is true and correct to the best of his/her knowledge, information and belief.

Sworn to and subscribed this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Company Officer

\_\_\_\_\_ Notary Public \_\_\_\_\_ Title

Filing Instructions	
Who Must File This Form?	All insurance companies required to pay a license tax by the Louisiana Insurance Code - Title 22 must file this form and pay the appropriate taxes.
Due Date:	March 1, 2005
Late Filings:	Any annual tax payment not postmarked by Tuesday, March 01, 2005, will be penalized in accordance with L.R.S. 22§1072. Louisiana Revised Statutes 22§1072 provides that a penalty of five percent (5%) per month shall be added to the amount of tax due and payable to the Commissioner of Insurance unless evidence to his satisfaction is submitted to him to show that the failure was due to some unforeseen or unavoidable reason, other than mere neglect. In no event shall the penalty exceed twenty-five percent (25%) of the total amount of the tax due nor be less than twenty-five dollars (\$25). A penalty will be assessed if either of the following occurs: <ul style="list-style-type: none"> <li>a. The U.S. Postal Service Postmark on the payment is after the due date; or,</li> <li>b. The date the payment is received by the Louisiana Department of Insurance is more than one day after the due date, if sent through any carrier other than the U.S. Postal Service.</li> </ul>
Filing Address:	Mail tax statement and all required attachments to the address listed on Page 1 of this form. Do not Include Tax Statements with your Annual Statement Filing.
Required Attachments:	Property and Casualty companies are required to attach a copy of the 2004 Annual Statement Schedule T and State Page 20. Life, Accident and Health companies are required to attach a copy of the 2004 Annual Statement Schedule T and State Page 25. Health Maintenance Organizations are required to attach a copy of the 2004 Annual Statement Schedule T and State Page 8, Underwriting and Investment Exhibit, Part 1 Premiums. Both Property and Casualty and Life, Accident and Health insurers are required to attach Form 1076. HMOs are exempt from filing Form 1076.
Payment Methods	All payments must include the NAIC number and full name of the company. Payments may be made by check, bank wire, or ACH credit. Checks must be made payable to Commissioner of Insurance, State of Louisiana. Bank Wire payments may be sent to the Louisiana Department of Insurance - Revenue account # 7900406317 at Bank One, Louisiana, National Association, ABA # 065400137. See special instructions for the ACH credit method, Form LDOI-OMF-TD-EFT-Instructions for addenda record requirements. Payments through an electronic funds transfer must be posted to the Department of Insurance's account by Tuesday, March 01, 2005, to avoid any penalties. Do not consolidate tax payments into a single group payment for companies within a group. Make a separate payment for the tax and the filing fee.
Payment Notice	The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.
How to contact us:	You may call us at (225) 342-5825 or fax your request to (225) 342-9708. Also, visit our web site at <a href="http://www.lidi.state.la.us">http://www.lidi.state.la.us</a> .
Check your Certificate of Authority:	You may have to pay both Item A and Item B tax on Page 1. If you are a Property and Casualty company with a Louisiana Certificate of Authority to write Accident and Health, the Item B minimum tax of \$140 is due for zero or negative premiums (see Table 1062A-LA&H).
Affidavit:	Form 1061 must be signed by an officer of the company and notarized.